

CLAIMS ONLY						Application Number 101736529	Filing Date					
						Applicant(s)						
						* May be used for additional claims or amendments						
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend						
1							51					
2							52					
3							53					
4							54					
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45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep	1	1	1	1	1	1	Total Indep	1	1	1	1	1
Total Depend	5	5	5	5	5	5	Total Depend	5	5	5	5	5
Total Claims	6	6	6	6	6	6	Total Claims	6	6	6	6	6